* DELANGS FOR DATABASE UPDATE (S).

FORM 1

Biosolids Land Application Local Monitoring Expenses

REIMBURSEMENT INVOICE

Page 1 of 1

		DEQ USE ONLY	
	Claim No: 2515-60'	A DECLOSE ONLY	
-	Claim No: 42	Activity Dates:	
	County:	Date Rec'd:	
Table of the last	Evaluator: 1,5,	Permit No:	Approval Amount

Complete and submit with all required supporting documentation to Department of Environmental Quality, ATTN: Accounts Payable, P.O. Box 1105, Richmond, Virginia 23218. Type or print legibly the required information in the applicable sections below. Refer to the Fees for Permits and Certificates regulation (9 VAC 25-20-149) for additional instructions on how to complete the form.

instructions on how to complete the form.	or additional
Claimant Information	
Name of Local Government Official:	B. County:
- Ames RANdolph	
C. Claimant Mailing Address:	D. City, State E. Zip Code
	D. City, State E. Zip Code
11413 Courthouse Rd	Lunenburg Va 23952
F. Claimant Telephone No. G. Claimant Fax No.	H. Local Monitor Name
(434) 696-2142 (434) 69	Cook information thanks
Contact Person for Reimbursement J. Contact	Person Telephone No. K. Contact Person Fax No.
WAde BARIETT 1434) 392-7258 (434) 392-6683
Monitoring Activity Information (Attach additional separate she DEQ Permit No. and Site Identification	
	B. Farm(er) and Site Location
VPAO3010 LUTEC-LUWRC- LUCKS	Chumney - Kunath
C. Type of Monitoring Activity and Dates	D. Reimbursable Time and Charges
TIECOND REEDING - SITE MONIFORMA	36024.00-864.00/3768.50:188.00
E. Sampling and Testing Information	F. Name and location of Lab used G. Total Lab Charges
III. Multiple Owner Information (For Local Monitor employed by n	ni Biala i Juladi di Sana)
· · · · · · · · · · · · · · · · · · ·	
Are the expenses listed above part of a multiple owner payment submission?	?
Yes 🔲 No	
If you answered "Yes" to the above question, you are required to submi	t this invains with the second to
4 de le de l	it this invoice with the multiple owner payment Form 2.
IV. Responsible Official Statement (Please sign name):	
	el Hometer
A. Were the listed expenses incurred during the dates included in Part II.0	C of this form?
☑ Yes □ No	
If you answered "No", please attach the necessary documentation	on to avaign the discourses.
	л то ехріані the discrepancy.
A. Are all expenses listed in this invoice complete at the date of this invoice	e? C. Total costs claimed for reimbursement in this Invoice
	Total octa diamed for restribusement in this invoice
B. Will additional reimbursement costs incurred for monitoring activities site(s) listed above be submitted?	at the
	\$ 10/18,00
V Yes □ No	(November)
VI. County Administrator Certification (Please print name):	
The following signature attacks that the second is	
erformed in accordance with the provisions of the	activities for which reimbursement is sought have been
Permits and Certificates regulation (9 VAC 25-20):	VPA Permit Regulation (9 VAC 25-32) and the Fees for
Some Softmoates regulation (9 VAC 25-20);	
County	
County Administrator	Date
Manyal of oliver to 19_	
The little that I have a second	12-6-2010
Local Monitor	Date
	Date

Biosolids Land Application Local Monitoring Activity Details

Enter data in YELLOW cells
BLUE cells compute automatically

Mileage Rate per mile:	Staff Labor per hour:	County Monitor:	County:
\$0.50	\$24.00	Manuel Toombs	Lunenburg
Maximum Rate is \$0.55/mile		ombs	

Activity Codes: Administrative Complaint Inspection Meeting Sampling Training

	\$26.00	3188.00	\$864.00			376.0	36.0		SUBTOTAL
			\$0.0						
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\$26.00 \$130.00 a year for internet with GCR > 5 counties			\$0.00						
				VPA03010		68.0	5.0	-	11/24/2010
				VPA03010	34.0 Kunath LUCKS F1,5&6	34.0	4.0	-	11/23/2010
				VPA0301	Chumney LUWRC F11&17	50.0	9.0		11/19/2010
Monthly Report Signed (October)						12.0	0.5	À	11/12/2010
				VPA03010	Chumney LUWRC F1&4	20.0	3.5	-	11/12/2010
				VPA03010		38.0	7.0	_	11/11/2010
				VPA03010	2&14	72.0	4.0	-	11/10/2010
		\$41.00	\$60.00	VPA0301		82.0	2.5		11/9/2010
Monthly Report (October)		\$0.00	رم				0.5	A	11/4/2010
		\$0.00	\$0.00						
		\$0.00	\$0.00						
DESCRIPTION	Expense	Subtotal	Subtotal	Number	Site identification	Miles	Hours	Code	Date
	Other	****		Permit		;		Activity	1

TOTAL \$1,078.00